

APPLICATION TRANSFER REQUEST FOR S.N. 10049671

Section I. TRANSFER REQUEST BY

Name **SAN MARTIN, EDGARDO** Date **6/25/200**

TO: Art Unit **2644** Class/sub **381/312+**

FROM: A.U. **2837** Class **181**

REASON:

Electrical hearing aid

Gatekeeper concurrence _____

Section IIa. DISPOSITION BY RECEIVING TC

By: _____ **A.U.** _____ **Date** _____

NOT ACCEPTED ☐ Forward to receiving TC Post Classifier

REASON:

Section IIb. DISPOSITION BY RECEIVING TC POST CLASSIFIER

☐ This dispute was resolved.

Forward to TC/AU _____ Class/Sub _____ / _____ Post Classifier _____ Date _____

Concurring _____

☐ This dispute was not resolved, forward to DISPUTE RESOLUTION PANEL

Post Classifier Assessment:

Gatekeeper concurrence _____

Post Classifier _____ Date _____

Section III. DISPOSITION BY DISPUTE RESOLUTION PANEL

Date _____

Panel Decision:

Forward To Technology Center/Art Unit _____ Class/sub _____ / _____

REASON:

Panel Member _____

Concurring Panel Member _____